SECRET

3 9,418

NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP

DATE	18 Sep 75
FILE NO.	[illegible]043
SS NUMBER	525-2[illegible]-4565
EMPLOYEE NUMBER	063385
ID CARD NUMBER	

TO: (Check)
- CHIEF, CONTROL DIVISION, OP
- CHIEF, CONTRACT PERSONNEL DIVISION, OP
- X CHIEF, LA (OPERATING COMPONENT FOR ACTION) ATTN: SUPPORT STAFF

REF. [illegible]

STATUS: STAFF [ ] CONTRACT [ ]

OFFICIAL COVER: X ~~ESTABLISHED~~ CONTINUED / CANCELLED

SUBJECT: [illegible]ALES, DAVID S.

UNIT: 32 U.S. ARMY STAFF GROUP

KEEP ON TOP OF FILE WHILE COVER IN EFFECT

ESTABLISHMENT OF OFFICIAL COVER (BLOCK RECORDS) CONTINUATION

- [X] BASIC COVER PROVIDED EFFECTIVE DATE EOD
- [ ] OPERATIONAL COVER PROVIDED FOR ____ TDY ____ OTHER *(Specify)*
- SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY ____ *(HHB 20-7)*
- X SUBMIT FORM 3254 Army W-2 TO BE ISSUED. *(HHB 20-11)*
- NA SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. *(HR 240-2e)*
- SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. *(HR 240-2e)*
- EAA. CATEGORY I [ ] CATEGORY II [ ]
- SUBMIT FORM 2688 FOR AGE HOSPITALIZATION CARD

CANCELLATION OF OFFICIAL COVER (UNBLOCK RECORDS)

- EFFECTIVE DATE:
- SUBMIT FORM 3254 ____ W-2 TO BE ISSUED *(HHB 20-7)*
- SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY ____ *(HHB 20-7)*
- EAA: CATEGORY I [ ] CATEGORY II [ ]
- RETURN ALL OFFICIAL DOCUMENTATION TO CCS
- SUBMIT FORM 2688 FOR ____ HOSPITALIZATION CARD.

DO NOT WRITE IN THIS BLOCK - I

REMARKS AND/OR COVER HISTORY

SUBJECT WILL BE DENIED FOR ENTIRE PERIOD OF EMPLOYMENT EXCEPT FOR U.S. GOVERNMENT EMPLOYMENT APPLICATIONS.

DISTRIBUTION:
- COPY 1 - CD OR CPD
- COPY 2 - OPERATING COMPONENT
- COPY 3 - OS SRD
- COPY 4 - OC-O/D/TFB
- COPY 5 - CCS-FILE

[signature] VBR

CHIEF, OFFICIAL COVER BRANCH, COVER AND COMMERCIAL STAFF

FORM 1551 USE PREVIOUS EDITION

SECRET

E-2 IMPDET CL BY: 006687